



QUILEUTE TRIBAL COUNCIL

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Quileute Indian Tribe COVID-19 Emergency Relief General Welfare Benefit Application

APPLICATION DEADLINE: September 29, 2021

The Quileute Tribal Council has established the COVID-19 Emergency Relief General Welfare Benefit Policy (“Policy”), the purpose of which is to provide immediate emergency relief to adult Tribal Members to help in part to mitigate the impacts of the COVID-19 pandemic. The Policy is established under the Quileute Indian Tribe’s General Welfare Ordinance. Adult Tribal Members may complete this COVID-19 Emergency Relief General Welfare Benefit Application (“Application”) in order to receive COVID-19 emergency relief under the Policy. Key provisions of the Policy are summarized below, but please see the Policy for complete details.

Eligibility: All enrolled members of the Quileute Indian Tribe who: (1) are 18 years of age or older as of the date of Tribal Council approval of a COVID-19 emergency relief payment; (2) have experienced loss of income, increased expenses, and/or other economic hardship due to the COVID-19 pandemic; and (3) have eligible expenses, are eligible to receive COVID-19 emergency relief under the Policy.

Eligible Expenses: Tribal Members receiving COVID-19 emergency relief payments may use the funds only for the eligible expenses listed in Section 6 of the Policy.

Recordkeeping: Tribal Members must keep books and records adequate to document their need for and appropriate use of the COVID-19 emergency relief funds. See Section 8 of the Policy.

Return or Declination of Funds: If a Tribal Member does not experience the anticipated economic hardship due to the COVID-19 pandemic, or is unable to use some or all of the COVID-19 emergency relief funds for eligible expenses, the Tribal Member should return the funds in whole or in part to the Tribe pursuant to Section 10 of the Policy.

Submission: Applications must be **received** by September 29, 2021, and may be hand delivered, mailed, or emailed to:

Emily Foster, Operations Manager
Mailing Address: Quileute Tribe, P.O. Box 279, La Push, WA 98350
Street Address: Quileute Tribe, 90 Main Street, La Push, WA 98350
Email: operations.manager@quileutenation.org

Application: Please complete and sign the following:

Tribal Member Name: _____

Mailing Address: _____

Phone (if any): _____ Email (if any): _____

Date of Birth: _____ Tribal Enrollment #: _____

Economic Hardship: Please check all economic losses and increased expenses that you have experienced due to the COVID-19 pandemic. Be sure to retain records sufficient to document these impacts upon request.

<input type="checkbox"/> Unemployment	<input type="checkbox"/> Reduced Employment
<input type="checkbox"/> Loss of self-employment/business income	<input type="checkbox"/> Loss of income due to cancelled events, fewer customers, etc.
<input type="checkbox"/> Loss of treaty fishing income	<input type="checkbox"/> Costs to stockpile food and necessary household supplies
<input type="checkbox"/> Increased food costs	<input type="checkbox"/> Increased utility costs
<input type="checkbox"/> Increased household cleaning costs	<input type="checkbox"/> Increased medical expenses
<input type="checkbox"/> Costs for cleaning products, masks, gloves, personal protective equipment, etc.	<input type="checkbox"/> Costs associated with telework or children's remote learning
<input type="checkbox"/> Costs to quarantine due to a positive COVID-19 test or exposure to COVID-19	<input type="checkbox"/> Funeral expenses
<input type="checkbox"/> Increased childcare costs	<input type="checkbox"/> Other economic losses or increased expenses due to COVID-19 (please list): _____ _____ _____ _____

Amount Requested. You may request an emergency relief payment not to exceed \$2000.00. The amount you request also must not exceed your total economic losses and/or increased expenses due to the COVID-19 pandemic from January 1, 2021, to December 31, 2021. **Amount requested:** \$_____.

Use of Funds: You must only use COVID-19 emergency relief funds for eligible expenses as listed above. Please circle yes or no in response to the question below. Be sure to retain records sufficient to document these eligible expenses upon request.

1. Do you have eligible expenses that are at least equal to the total amount of COVID-19 emergency relief funds you have received and will receive from the Tribe? **YES NO**

Certification: I hereby certify that I have read the above terms, that I understand that I must use COVID-19 emergency relief funds only for the eligible expenses listed, that I have experienced the economic hardship due to the COVID-19 pandemic listed above, that I have eligible expenses at least equal to the COVID-19 emergency relief funds, that I will use the COVID-19 emergency relief funds for these eligible expenses, and that I will retain and provide upon request records sufficient to document my need for and use of the COVID-19 emergency relief funds for eligible expenses. I further understand that the Tribe's intent is to provide the COVID-19 emergency relief funds to me on a tax-free basis, but that the Tribe will not be responsible for any taxes or penalties arising as a result of my receipt of the funds or use thereof. I further understand that the Tribe also intends that the COVID-19 emergency relief funds will not count as income for purposes of any other benefits that I may receive from the federal or state governments; however, I should consult with my own tax and/or legal professionals to determine the actual tax and benefit consequences. I agree that if I do not obtain or use these funds in compliance with the Policy, I will repay the funds to the Tribe. I certify that all of the information I have provided above is true and correct to the best of my knowledge, and I hereby apply for COVID-19 emergency relief funds under the Policy.

Signature: _____ Date: _____

For office use only:

Approved

Reviewed By

Date